PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1008 B101

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	,).	\1		(Coldinii 2)		1			OR 7			
·			<u> </u>		· · · · · · · · · · · · · · · · · · ·			RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\\ minus 20=		*			X\$ 9=		OR	X\$18=		
<u> </u>	DEPENDENT C		3 minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								.+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u> </u>	OR	TOTAL	No	
	C	• • • • • • • • • • • • • • • • • • •			•	OTHER THAN							
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF ME	JETIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
			•				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	_	•		•	* .	-4	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	**	
	Independent	*	Minus	***		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
						•	L	TOTAL DDIT, FEE	•	OR	TOTAL ADDIT, FEE		
	•	(Column 1)		(Colum	n 2)	(Column 3)	~	DDII. FEE E			WDII. FEEL		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA	.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	independent	*	Minus	***		=		X43=			X86=	*	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		-			OR	 		
	the enterior estimates	mm 4 in lace there is			107 in .		L	+145=		OR	+290=		
- p	uie entry in colul	nn 1 is less than th	e entry in colu	mn 2, write	n coli	JMN 3.		TOTAL		~	TOTAL		
**	the Highest Nui	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20. enter *20.*	AL	DDIT. FEE		OR ,	ODIT. FEE		